

THE INDUSTRIAL COMMISSION OF ARIZONA

LABOR DEPARTMENT

Supplemental Application
(For Responsible Managing Agents)

ALL questions on this Supplemental Application must be answered completely and accurately by those persons determined by the Commission to be involved in the management and supervision of the employment agency.

1. Name _____
2. What other names have you used? _____
3. Agency Name _____
4. Your position in the agency _____
5. Birthplace _____ Date of birth _____
6. Home Address _____
City _____ State _____ Zip _____ Home Phone _____
7. How long at the above address? _____
8. If less than five years, previous home address _____
City _____ State _____ Zip _____
9. When did you establish residency in Arizona? _____
10. (Disclosure of the following information is voluntary. The information will be used to fulfill the requirements of R20-5-308 of the Rules and Regulations Governing Private Employment Agencies to investigate the management and ownership of a proposed agency).
Social Security Number _____
Driver's License Number _____ State _____
College attended _____
City _____ State _____
Military Branch _____ Dates _____ Type of Discharge _____
11. **EMPLOYMENT HISTORY:**
List all employment or business association in chronological order beginning with current employment. PLEASE INCLUDE COMPLETE NUMBER & STREET ADDRESSES, INCLUDING ZIP CODES, OF FORMER EMPLOYERS SO THAT THE DEPARTMENT MAY SEND REFERENCE REQUESTS. INCOMPLETE INFORMATION COULD DELAY YOUR APPLICATION. You may include any volunteer work which was of more than one year's duration. Use additional page if necessary. Please check the last column if you DO NOT WISH THE EMPLOYER TO BE CONTACTED.

Employer & Complete Address	Your Position	Dates of Employment	Reason for Termination	Do Not Contact
1.				
2.				
3.				
4.				
5.				

(Use additional page if necessary)

12. PERSONAL REFERENCES:

List the names and complete street and number addresses, including zip codes, of at least three other persons, NOT former employers, or relatives, preferably residents of Arizona who have known you for two years or more.

1. Name _____ Relationship _____ How long known _____
Number & Street Address _____
City _____ State _____ Zip Code _____
2. Name _____ Relationship _____ How long known _____
Number & Street Address _____
City _____ State _____ Zip Code _____
3. Name _____ Relationship _____ How long known _____
Number & Street Address _____
City _____ State _____ Zip Code _____
4. Name _____ Relationship _____ How long known _____
Number & Street Address _____
City _____ State _____ Zip Code _____

13. Have you: (a) Ever been the subject of a voluntary or involuntary petition in bankruptcy? _____
Date _____
(b) Ever been adjudicated bankrupt? _____ Date _____
(c) Ever been an officer or a partner in any establishment subject to a voluntary or involuntary position in bankruptcy? _____
(d) Ever been an officer or a partner in any establishment adjudicated bankrupt? _____

14. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? _____
If yes, give details including trial date and location, and sentence imposed by Courts: _____

15. Have you had a final judgment issued against you in a civil action on account of fraud, misrepresentation or deceit. If yes, give details: _____

16. Have you ever been licensed as an employment agent in the State of Arizona? _____
If yes, what was the name of your agency and the dates you were licensed? _____

17. Have you ever been licensed as an employment agent in another state? _____
If yes, what was the name of your agency? _____
Dates licensed _____ State _____

18. Were any complaints filed against the agency? _____ If yes, give details on the date, nature and disposition of any adversely adjudicated complaints: _____

19. Has your agency or any agency you have been involved with had the license suspended or revoked by this state or any other state? _____ If yes, what was the name of the agency, the date, the state licensed in and the reason? _____

20. Have you ever been denied in the application of any employment agency by this or any other state? _____
If yes, what was the name of the proposed agency, the date, the state where you applied and the reason denied? _____

21. List any other experience in the employment agency business (include name of agency, complete number & street address including city, state, zip code, and dates): _____

22. Do you hereby authorize the Labor Department to conduct the investigation of the above facts as required by R20-5-303 (D) of the Rules and Regulations Governing Private Employment Agencies? _____

Note: It is a felony to knowingly file a false or forged instrument with a Public Office in this State (A.R.S. 39-161).

AFFIDAVIT:

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including any accompanying attachments are true, complete and correct.

Applicant's Signature

Date

NOTARIZATION:

Subscribed and sworn to before me this _____ day of _____, 19 _____

My commission expires on:

Notary Public